

## Form 1

### Screening Questionnaire Summary

**Facility Name:** \_\_\_\_\_

**Issue:** \_\_\_\_\_  
\_\_\_\_\_

☐ The issue requires a safety evaluation. The associated safety evaluation number is No. \_\_\_\_\_

☐ The issue does not require a safety evaluation.

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

**End of Form 1**